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Educational questions.

"Factors associated with elevated exhaled nitric oxide fraction in infants with recurrent respiratory symptoms"

1. Which of the following statements is true:

- Most studies support the concept that exhaled nitric oxide (FeNO) reflects mainly eosinophilic airway inflammation during infancy. Atopy is a major determinant of FeNO in infants. Previous reports suggest that in wheezy infants, anti-inflammatory therapy reduces the fractional concentration of nitric oxide in exhaled air. Certain respiratory viruses have been found to increase production of nitric oxide by activating constitutional nitric oxide synthases.

2. Which of the following are known technical problems when sampling exhaled nitric oxide FeNO in infants:

- Due to cooperation problems, single-breath measurements of FeNO require thoracoabdominal compression technique. When sampled during tidal breathing, the variable tidal flow affects the fractional concentration of FeNO. NO in the ambient air may have a significant effect on the measured FeNO. Some of the sedatives used for the lung function testing in infants may modify NO concentration in the exhaled air.

3. Which of the following statements is true:

- In infants with lower respiratory symptoms, increased exhaled nitric oxide is associated with increased airway responsiveness, but only in subjects with history of maternal asthma. In infants with lower respiratory symptoms, increased airway responsiveness and history of maternal asthma are independently associated with increased FeNO. Both increased airway responsiveness and history of maternal asthma are associated with increased FeNO, but only in infants with atopic eczema. History of maternal asthma and atopic eczema, but not increased airway responsiveness, are associated with increased FeNO in infants.

4. Which of the following statements is true:

- In healthy and wheezy infants, elevated FeNO has been found to associate with future wheeze. Elevated FeNO has been found to associate with decreased lung function in wheezy infants. So far, there is no evidence that increased FeNO would predict lung function decline in wheezy infants. In infants, FeNO can be used as a predictor of later childhood asthma at school age.